

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

AUG 15 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7154</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>JOHN G AGUILA</u> P.O. Box, Bldg., Room No., if any Street <u>1446 S. HOME AVE</u> City <u>BERWYN</u> State <u>IL</u> ZIP Code + 4 <u>60402</u>	4. Name, file number, and address of labor organization. Name <u>Sheet Metal Wkrs 4473</u> Labor Organization File Number <u>036-283</u> P.O. Box, Building and Room Number, if any Street <u>4550 ROOSEVELT RD</u> City <u>HILLSDALE</u> State <u>IL</u> ZIP Code + 4 <u>60162</u>
5. Position in labor organization. <u>ORGANIZER - REP</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

John G. Aguilu

On

8-5-05

Date

708 9276507

Telephone Number

Name of Person Filing

JOHN G AGNECA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 500Street 101 N. WACKER DRIVECity CHICAGOState ILL ZIP Code + 4 60660

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name SMWIA NATIONAL PENSION FUNDTrade Name, if any: NPF

P.O. Box, Bldg., Room No., if any

Street 601 N. FAIRFAX STCity ALEXANDRIAState VIRGINIA ZIP Code + 4 22314

11.a. Nature of such dealing.

ACTUAL ARAAL CONSULTANT

11.b. Approximate dollar value of such dealing.

UNKNOWN

12.a. Nature of interest held or income received.

DINNER Host ON 2-26-04
HUSBAND AND WIFE
BONITA SPRINGS FL

12.b. Amount.

\$178.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

JOHN G AGNELLA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NATIONAL Pension Fund

Trade Name, if any: NPF

P.O. Box, Bldg., Room No., if any

Street 601 N Main Ex. 51

City Alexandria

State Virginia ZIP Code + 4 22314

11.a. Nature of such dealing.

Trustee Meeting
Bonita Springs FL

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursed Exp
for Feb - 2004

12.b. Amount.

8414.70

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

JOHN G. AGNE 2A

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

BANK OF NEW YORK

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

12 Floor

Street

ONE WALL ST

City

New York

State

NY

ZIP Code + 4

10286

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

NPF Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Suite 500

Street

601 N. FAIRFAX ST

City

Alexandria

State

Virginia

ZIP Code + 4

22314

11.a. Nature of such dealing.

custody of index funds
of 6236312
205961

11.b. Approximate dollar value of such dealing.

\$427,000.00

12.a. Nature of interest held or income received.

Dinner Host on 2-25-04
Husband + Wife

12.b. Amount.

\$216.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

John J. Agula 8-8-05

Signature

Date